



Linda McCulloch, Superintendent
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**MIGRANT EDUCATION
ELEMENTARY STUDENT
MONTANA (RECEIVING STATE) WITHDRAWAL FORM**

School Contact Information

Date: _____

From

To

Name: _____

Homebase School: _____

School District: _____

City: _____ State: _____

City: _____ State: _____

Contact Person: _____

Phone: _____ Fax: _____

Phone: _____ Fax: _____

Student Information

Name: _____ D.O.B. _____ Age: _____

Parent/Guardian Name: _____

Homebase Address: _____ City: _____ State: _____

Student #: _____ Current Grade Level: _____

Withdrawal Date: _____ Days Enrolled: _____ Days Present: _____

Instructional Program Progress Report Term _____ Year _____

PROGRESS REPORT

Supplemental Programs in which student participated:

Program	Participated (Y/N)	Program	Participated (Y/N)
E.S.O.L.		Distance Learning	
Preschool		1) SMART	
Career Education		2) Laptop	
Gifted		3) Nova Net Lab	
Reading		Pupil Services	
Mathematics		Nutrition	
Other Language Arts		Pupil Transportation	
Tutorial Elementary		Needs Assessment	
Computer Literacy		Guidance/Counseling	
Multi-Cultural Education		Social Work Outreach	
Special Activities		Handicapped	
Even Start			

TAAS

List specific objectives student studied: _____ writing _____ reading _____ mathematics
See attached.

Instructional Needs:

Other Information (check all that apply):

1. This child received dental services (see attached) _____
2. This child received health services (see attached) _____
3. A health problem exists (see attached) _____